EJZ MAILING INSTRUCTIONS: This fo		PART B—ISSU				B
All further correspondence including intered in Block 1 unless you direct FEE ADDRESS* for maintenance f	the Issue Fee Receipt, the otherwise, by: (a) specify	ne Patent, advance ing a new corresp	orders and no ondence addre	otification of maintenances ass in Block 3 below: or	e fees will be maile (b) providing the P	ed to addressee
1. CORRESPONDENCE ADDRESS				2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)		
- 1	12			INVENTOR'S NAME		
<b>(</b>	1996			Street Address		
34M17000				City, State and ZIP Code		
DAVID B HARRISON DEMARKS				CO-INVENTOR'S NAME		
QUANTUM CORPO				Street Address	<del></del>	
500 MCCARTHY		11)		City, State and ZIP Code	<del></del>	
MILPITAS CA 95035			$\bigcap$	☐ Check if additional changes are on reverse side		
				<u> </u>		
SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS!	EX	AMINER AND GROUP ART	TUNIT	DATE MAILED
First Named	<del>06/28/95 (</del>	925 V	ERDIER.	- <del>C</del>	3401	02/05/96
Applicant  WILLIAMS,  ITLE OF		CARL D	•		<del></del>	
IVENTION	ADATHO FOR A	ግሮህ አ/ የሐሰው - t J	LUDED T COASE	ም ምመ ለ ነዚህምምመ	*5.576.176.64 ** .***	
METHOD AND APF BEARING	HRHIUS FUR HE	TELTING E	OBKICAN	I IO A HYDRO	TA A IMHIAT IT	
ATTY'S DOCKET NO	. CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
<del>-3 Q95-1030-US</del> 1	<u>184~029,0</u> 0	<del>)0. T37</del>	<del>UTILI</del>	TY NO	<del>\$1250.00</del>	05/06/96
i. Correspondence address change (Complete only if there is a change)				4. For printing on the patent front page, list the names of not more than  1 William J. Kub:		m J. Kubida
			3 registered	patent attorneys or agents tively, the name of a firm		B. Harrison
			having as a member a registered attorney or agent. If no name is listed, no name will be printed.		2	- Hallison
					3	
		DO NOT 1185	THIS SPACE		<del></del>	<del></del>
6408213 09,7227	KA 03405892	27-002		1/2 1/250.00	F*! )	
GH09214 02/02/		17-000	7 <u>020 </u> •	7/ / // An		
(1) NAME OF ASSIGNEE: Quantum Corporation				a. The following fees are enclos	and:	
(2) ADDRESS: (CITY & STATE OR COUNTRY)				☐ Issue Fee ☐ Adv	ance Order - # of Copies	
Milpitas, CA				Sb. The following fees should be charged to:  DEPOSIT ACCOUNT NUMBER 17-0037		
☐ This application is NOT assigned.				(ENCLOSE PART C)	rance Order - # of Copies	
Assignment previously submitted to the Patent and Trademark Office.				Any Deficiencies in Enclosed Fees The COMMISSIONER OF PATENTS AND TRADEMARKS is		
<ul> <li>Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.</li> </ul>				equested to apply the Issue Fee		ied above.
PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent.  Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filling				Authorized Signature)	2	(Date) 2/8/96
PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.			Ĭ	NOTE; The Issue Fee will not be		other than the
				applicant; a registered attorney on interest as shown by the reco	or agent; or the assignee rds of the Patent and Tra	or other party demark Office.

## **Certificate of Mailing**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Box ISSUE FEE Commissioner of Patents and Trademarks Washington, D.C. 20231

on	February 8, 1996		
OII ———	(Date)		
	David B. Harrison		
(Name of p	person/making deposit)		
(Signature)	February 8, 1996	,	
(Date)			

Note: If this certificate of mailing is used, it can only be used to transmit the Issue Fee. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

Burden Hour Statement: This form is estimated to take .2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Office of Information Systems, Patent and Trademark Office, Washington, D.C. 20231, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, (Project 0651-0033), Washington, D.C. 20503. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents and Trademarks, Box Issue Fee, Washington, DC 20231.